

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7710

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED AUG 9 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis 7,

Length of stay in 1b
40 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis City Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY

c. CITY OR TOWN St. Louis 7,

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2723 University St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Bernard

Middle S.

Last Gerstner

4. DATE OF DEATH

Month July Day 26, Year 1963

5. SEX

Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
Feb. 25, 1899

9. AGE (last birthday)
64

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Lineman

10b. KIND OF BUSINESS OR INDUSTRY
Union Electric

11. BIRTHPLACE (City and state or country)
St. Charles, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Sigmund Gerstner

13b. MOTHER'S MAIDEN NAME

Theresa Brieshaber

14. NAME OF HUSBAND OR WIFE
Sofia Mangin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs. Martha Beckerle, St. Charles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for the (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion;
Arteriosclerosis
420.1

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at

1106

P.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Do not sign in title)

Paul J. Simon Deputy Coroner

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

7/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

July 29, 1963

23c. NAME OF CEMETERY OR CREMATORY

St. Peter Cemetery

23d. LOCATION (City, town, or county)

St. Charles, Mo.

24. FUNERAL DIRECTOR

ADDRESS

H.C. Dallmeyer & Sons, St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.

JUL 27 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

STATEMENT BY LICENSED EMBALMER

NOT

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Wm Hollander

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.